DOCUMENT RESUME

ED 139 158 EC 100 733

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TITLE CDT - The Comprehensive Development Teams: Meeting the Needs of Mainstreamed Handicapped Young Children.
PUB DATE Apr 77
NOTE 9p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (55th, Atlanta, Georgia, April 11-15, 1977)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Exceptional Child Services; *Handicapped Children; *Identification; Individualized Programs; *Interdisciplinary Approach; *Intervention; Preschool Education; *Regular Class Placement; Student Evaluation; Teamwork
IDENTIFIERS Comprehensive Developmental Teams; *Project Head Start

ABSTRACT

The Comprehensive Developmental Teams (CDT) program, a multidisciplinary approach to improving Head Start services to handicapped children is described. Reviewed are the team's tasks--to identify, screen, and assess the children's strengths and weaknesses in order to develop comprehensive programs of intervention, including provision of individual educational plans. Such steps in the team's task performance as establishing a team, developing a plan for the special needs child, and assuring continuity, are outlined. (IM)

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CDT - THE COMPREHENSIVE DEVELOPMENTAL TEAMS: MEETING THE NEEDS OF MAINSTREAMED HANDICAPPED YOUNG CHILDREN

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For 10 years Head Start has been delivering a comprehensive preschool program for low income families. The program incorporates health, education, parent involvement and social services components to more adequately address the needs of young children.

In the early 70's, the growing awareness of the need for the identification and early intervention of young handicapped children began to affect Head Start programs. The concept of normalization or mainstreaming was also having its effect. The conviction of the need to provide the least restrictive environment became the impetus for the incorporation of handicapped children into Head Start.

In 1972, Congress mandated that 10% of all the children in Head Start should be children diagnosed "handicapped". Monies were allocated to the programs to locate, recruit, enroll and serve handicapped children.

The response to the mandate was mixed. On one hand, Head Start personnel believed that children are more alike than different and should not be segregrated. Since early intervention with the total family had always been high priority in Head Start, it was natural to respond similarly to handicapped children.

On the other hand, however, staff felt apprehensive and unsure of the demands that would arise from having handicapped children in their centers.

And so a massive effort to provide inservice training to staff was begun. The efforts were directed to:

- improve staff skills in invididualizing programs to meet the needs of handicapped children
- decrease anxieties about working with the handicapped child
- locate local resource specialists who could give ongoing support to staff.

At the same time, handicapped children were enrolled and mainstreamed into the regular Head Start groups.

In Fall 1975, the Region III Head Start Resource and Training Center at the University of Maryland University College Conferences and Institutes Division received special initiative funds to develop a multidisciplinary approach to improving services to these children. The Mental Health/Services to Handicapped component of the training center developed the team approach which became known as Comprehensive Developmental Teams (CDTs).

The team approach was congruent with the 1975 Head Start Performance Standards which state that:

> The Head Start Program is based on the premise that all children share certain needs, and that children of low income families, in particular, can benefit from a comprehensive developmental program to meet those needs. The Head Start program approach is based on the philosophy that:
>
> 1) A child can benefit most from a comprehensive interdisciplinary program to foster development and remedy problems as expressed in a broad range of services, and that...
>
> 2) The child's entire family, as well as the community, must be involved. The family, which is perceived as the principal influence on the child's development must be a direct participant in the program. (p. 1)

In accordance with this philosophy, a CDT is composed of staff from each of the Head Start components (i.e. education, health, social services, and parent involvement), parents and local resource specialists. The CDT's primary purpose is to develop comprehensive programs of intervention based upon observations and professional assessments.

The team's task is to identify, screen and assess both the child's strengths as well as weaknesses. This evaluation process is not meant to label or set apart any individual as being different, but rather to assist in the successful integration of these children into the Head Start program.

Because Head Start programs involve so many components, it is important to insure that the objectives and activities of the various components are well coordinated. One effective method of achieving coordination is to form a team which meets on a bi-monthly basis to develop individualized plans.

Such a team insures that: 1) mutual objectives are agreed upon by all the teachers and all components, 2) each component is aware of what the others are doing, 3) each component can have input into what the others are doing, 4) the parent can participate directly in program decisions concerning his/her child, and 5) a forum is established for continuous feedback concerning the on-going programs of individual children.

The team approach respects the parent as the primary caregiver. The parents (or parent substitute) are informed and invited to participate in the team process. They bring crucial information concerning their child and participate in the development of the comprehensive plan for their child.

The team approach is also conducive to ongoing staff development. Teachers, program specialists, and local resource consultants meet as a team and through their observations and expertise develop a more total picture of the child. By using a team, Head Start programs can encourage consultants to come on-site and become more actively involved with the child's educational development.

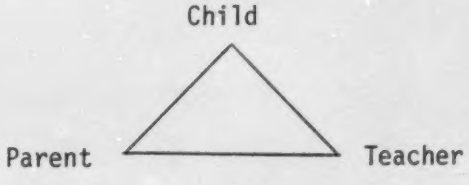
The CDT process supports the provisions in Public Law 94-142 which assures free and appropriate educational services to all handicapped children. In particular the team process provides individual educational plans (IEPs) as mandated by the law.

The comprehensive developmental team approach has been tried in other Head Start programs and has been found to be successful. Programs were able to meet the Head Start Performance Standards more effectively. Screening of all children, for example, was completed more efficiently and quicker. By involving consultants as team members, programs received more than a one-shot written diagnosis. These same programs had an increased number of available resource persons serving in a variety of ways.

Responses from teachers, parents, directors, and component specialists were overwhelmingly positive about the CDT process. Teachers and parents repeatedly expressed relief and appreciation for the support they received from team members' concern for individual children.

The title "Comprehensive Developmental Team" was carefully chosen to give some indication of its purpose. The approach is comprehensive in that it encompasses all aspects of a child's growth or life. It is disciplinary since persons specializing in various aspects of the child's growth come together. The process is also developmental. It focuses on the developmental stage of an individual child's growth in determining how best the preschool program can serve that child. And, of course, it is a team approach - persons work together instead of individually. The team brings all the concerned adults in a child's life together to work out a joint plan.

In the process, the focus of attention is the child. The team approach provides systematic support to that all important triad of persons:



All available resources (diagnostic services, specialists, etc.) are mobilized to support the parent and teacher in their interaction with the child.

The Comprehensive Developmental Team has six important tasks:

1) Identify the special needs children to be discussed at team meetings

2) Conduct a comprehensive evaluation of individual special needs children

3) Plan activities for home and school

4) Put the plan into action

5) Review the child's progress

6) Provide smooth transition when the child moves to another group

The team performs its tasks in several phases. The steps in each phase are summarized here:

- ESTABLISHING A TEAM
  - Determine core team members
  - Decide on a team leader

- GETTING THE TEAM READY TO GO
  - Conduct an inservice session with the teaching staff, informing them of the CDT and of procedures for referral of special needs children
  - Inform the parents of the CDT and how it will work
  - Consider possible sources of resource specialists and the roles they might play on the CDT

- SCREENING ALL CHILDREN
  - Decide on appropriate techniques for screening all Head Start children
  - Make arrangements for screening

- Develop criteria for selecting children to be staffed

- Identify special needs children to be discussed by the CDT

- IN-DEPTH EVALUATING OF SPECIAL NEEDS CHILD

  - Explain the CDT to the child's parents and request their attendance at the CDT

  - Request that teachers bring observations and other relevant data (previous diagnostic tests, sample of child's work, etc.) to the CDT meeting

  - Have other persons observe, test, etc., the identified child when appropriate

- DEVELOPING A PLAN FOR SPECIAL NEEDS CHILD

  - Hold Team Meeting(s) and:

    - Discuss relevant data on the child

    - Decide if further assessment is needed

    - Develop comprehensive plan

    - Make assignments to appropriate team members (further observations, home visits, referral to specialist, etc.)

- IMPLEMENTING THE PLAN

  - If parent was not present at team meeting, contact parent and inform them of team outcomes

  - Assist parent of a child who is referred for further help to a specialist or agency

  - Assist all persons involved to implement the developmental plan

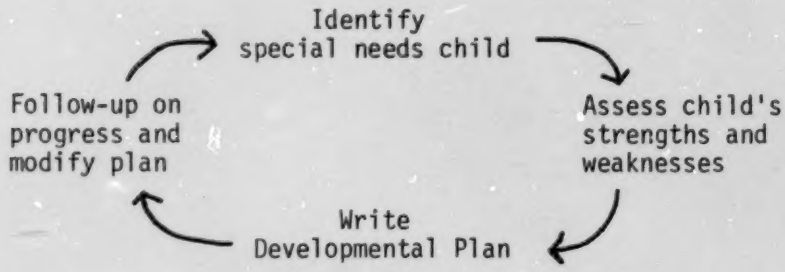
- ASSESSING THE CHILD's PROGRESS

  - Re-evaluate the plan developed and make any necessary changes to ensure optimal development of the child

- ASSURING CONTINUITY

  - Plan for the transition of children from Head Start to public schools

Once priority children are identified (screening all children), the same basic staffing process is repeated. It is a cyclic process which can be diagrammed as follows:


Identify special needs child
Assess child's strengths and weaknesses
Write Developmental Plan
Follow-up on progress and modify plan

As previously stated, the Comprehensive Developmental Team approach has been found to be successful for the Head Start programs that used it. The HSRTC did an intensive evaluation of the original eight pilot teams. In May 1976, questionnaires were mailed to 81 Head Start staff members involved in the CDT effort. The overwhelming concensus was that the CDT helped improve services to handicapped children.

The team process is now seen as incorporating a staffing process that is generalizable to all children. The CDTs still focus on the special needs child but there is growing awareness that the processes involved are the same as those necessary for individualizing for every child.

BIBLIOGRAPHY

Head Start Performance Standards, OCD-HS Head Start Policy Manual, OCD Notice N-30-364-4, U.S. Department of Health, Education, and Welfare, Office of Human Development, Office of Child Development, July 1975

The following materials related to Comprehensive Developmental Teams are available from the:

University of Maryland
Head Start Resource and Training Center
4321 Hartwick Road, L-220
College Park, MD 20740

Comprehensive Developmental Team Guide	$3.50
Utilizing Community Resources	$3.50
Audio-Visual Guide for Services to Handicapped	$3.50
Developmental Scale	$1.50